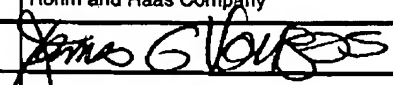



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|-----------------------------------------------------------------------------------------|----------------------|------------------------|--------------------------------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/007,140 | RECEIVED CENTRAL FAX CENTER FEB 15 2006 |
| | Filing Date | November 5, 2001 | |
| | First Named Inventor | Hughes | |
| | Art Unit | 1743 | |
| | Examiner Name | Jan M. Ludlow | |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | A01317 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--------------------------------------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Rohm and Haas Company | | |
| Signature |  | | |
| Printed name | James G. Vouras | | |
| Date | FEB. 15, 2006 | Reg. No. | 34,453 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket Number: AO1317
JGV/TMC/jls

In re application of:

Lyn Hughes

: Confirmation No. 1934

Serial No.: 10/007,140

: Group Art Unit: 1743

Filed: 11/05/01

: Examiner: Ludlow, Jan M.

For: Buccal Dissolution of
Active Substances

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed November 18, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of the claims which begin on page 2 of this paper

Remarks/Arguments begin on page 4 of this paper.